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ABSTRACT

Designed as a handout for a poster presentation, this paper describes a drug prevalence survey used in Alabama, and methods of establishing drug abuse prevention programs. All students in grade 7, 9, and 11 in the state (N=140,000+) completed a 466-variable drug prevalence survey. The survey identified rates of use for 14 substances, including alcohol and tobacco products, illicit drugs, and steroids. It also measured student involvement in school, family, and community activities. The results, as a supplement to other sources of needs assessment, gave the 129 Alabama school districts a dataset for planning prevention and education programs at the community level. One prominent result was that greater involvement in various school or community activities related to lower drug use. The risk factors for drug abuse appear similar to the risk factors for school failure. In a training project funded by USOE (STRIPE--Strategic Training for Rural Intervention, Prevention, and Education), community-school teams from 12 communities in rural areas were trained to develop programs for their communities. Two features of the training are components on how to teach adolescents peer-pressure resistance skills that are generalizable beyond specific drug use situations and how to teach critical thinking and decision-making skills. Team training was conducted by a multidisciplinary faculty, including pharmacologists, health educators, social workers, counselors, and psychologists. The Alabama Drug Prevalence Survey is included in the document. (Author/KS)

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RURAL DRUG ABUSE PREVENTION: ESTABLISHING NEEDS AND IMPLEMENTING PROGRAMS

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Rural Drug Abuse Prevention: Establishing Needs and Implementing Programs

Abstract

This poster describes drug abuse prevention and intervention programs that have been underway in Alabama since early 1989. Two major aspects are described: methods for establishing where the greatest needs exist, and methods for consulting with school and community leaders for the implementation of programs to meet those needs. As a mechanism for establishing need, a comprehensive, 466 variable drug prevalence survey was developed and administered to all 7th, 9th, and 11th-grade students in the state (N=140,000+). The survey contained questions not only about drug use for fourteen drugs including alcohol and tobacco products, illicit drugs, and steroids, but also about involvement in school, family, and community activities. The results gave each of the 129 Alabama school districts a dataset to supplement other sources of needs assessment from which to plan prevention and education programs at the community level. One prominent result was that strong relationships were found between reported involvement in various school and community activities and reported drug use. The risk factors for drug abuse appears similar to the risk factors for school failure.

In a training project funded by USOE (STRIPE--Strategic Training for Rural Intervention, Prevention, and Education), community-school teams from 12 communities in rural areas were trained to develop programs for their communities. An extensive set of drug education materials was developed and disseminated to the teams. Through an intensive three-day workshop, teams were trained in how to organize community involvement and support, how to assess local needs, how to create effective prevention and intervention programs, and how to evaluate their effectiveness. Two features of the training were components on how to teach to adolescents peer-pressure resistance skills that are generalizable beyond specific drug use situations, and how to teach critical thinking and decision-making skills. Team training was conducted by a multidisciplinary faculty, including pharmacologists, health educators, social workers, counselors, and psychologists.

Alabama Drug Prevalence Survey

Method

The survey was administered to 7th, 9th, and 11th grade students in all 129 public school districts in Alabama. Twenty-six school districts had students in private and/or parochial schools participate in the survey. Approximately 10% of students who took the survey attend nonpublic schools. Also completing the survey were a small number of children in the custody of the Department of Youth Services at Mt. Meigs, Alabama.

Total estimated enrollment for three grades is approximately 166,000. Comparison of enrollment figures with the number of returned survey forms shows that approximately 86% of eligible students completed the survey. Absenteeism is estimated to account for approximately 12% of the students with the remaining 2% accounted for by students who were present but failed to complete a form.

A total of 142,767 surveys were returned for analysis. Spot-checking by hand to remove blank and otherwise invalid forms before scanning resulted in removal of 1,456 forms (approximately 1%). Among the reasons for removing forms were: (1) three or more questions pertaining to drugs left blank; (2) obvious designs or patterns of marks; (3) scribbled marks; (4) forms marked in ink; (5) torn or smudged forms. The remaining 141,311 forms were successfully scanned by a National Computer Systems NCS Model 7006 Optical Scanner into a computer dataset in Auburn University's mainframe computer, an IBM model 3033.

The data analysis program was written with the SAS statistical package (1985) and consisted first of a validation phase with 84 validation checks to identify response inconsistencies. When students were identified as having five inconsistencies, their survey forms were eliminated as invalid data. When fewer than five inconsistencies were identified for a form, the inconsistent item response was treated as missing data and the other responses were scored as valid responses. There were 130,397 forms that successfully passed the validation process, and 10,914 (7.7%) of the scanned forms were eliminated due to response inconsistencies or failure to record grade level properly on the survey form.

Data were tabulated for a statewide summary and individual tabulations were made for each school district. In addition, for selected districts, a school-by-school tabulation was performed.

Selected Results

The most frequently used substances were alcohol products. During the 3 months prior to survey administration, 24% of 7th graders, 37% of 9th graders, and 43% of 11th graders reported beer consumption (ranging from once or twice to everyday). The greatest increase in cigarette smoking occurred between 7th grade and 9th grade. The use of smokeless tobacco remained constant across grades. (SEE FIGURE 1)

Of the illicit substances, marijuana was reported to be used by more persons, with 4% of the 7th graders, 10% of the 9th graders, and 14% of the 11th graders reporting some use within the past 3 months. Only 3% of all persons reported frequent (once a week or more often) use of marijuana. Reported use of stimulants was 6% and of inhalants, 4%. No reported use of illegal substances in each of the remaining categories (cocaine, downers, hallucinogens, and heroin) was more than 2%. The use of anabolic steroids was reported by 2.2% of the 9th and the 11th grade males, with more than one-half of the 2.2% reporting frequent use (at least once per week).

Students reported beginning to use alcohol at an early age--25% of those who reported drinking beer said they began before age 11. Between the ages of 12 and 15, 30% of students began to drink beer, 25% began to drink hard liquor, 25% began to drink wine, and 35% began to drink wine coolers.

The results show that more males than females reported drinking alcohol. For beer, wine, and hard liquor, more females reported having "never used." The only exception to this trend occurred for wine coolers for which more males reported having "never used."

More 7th grade blacks than whites reported drinking beer and wine coolers. These data along with data reporting age of first use suggest that blacks may begin to drink alcohol products earlier than whites. By the 9th grade, more whites than blacks reported drinking all alcohol products, and, by the 11th grade, the differential was even greater. The largest difference by race among alcohol products was for hard liquor. A great many more whites than blacks reported drinking hard liquor, especially by the 11th grade.

As was the case for alcohol, many respondents reported beginning to smoke cigarettes at an early age. By the 11th grade, almost half of all males reported having used smokeless tobacco at some time. As expected, relatively few females reported use of smokeless tobacco. A much greater percentage of whites than blacks reported tobacco use at every grade level. More males than females reported using marijuana at each grade level. More whites than blacks reported using marijuana at each grade level.

Relationship of Substance Use to Other Variables

The substances most frequently used were beer, wine coolers, wine, hard liquor, cigarettes, smokeless tobacco, and marijuana. For these substances, statistical analyses were performed to determine if reported use varied as a function of each demographic variable.

Reported use of substances was not significantly related to whom the child lives with (i.e., both parents vs. one parent, etc.) or to educational level of mother or father. School is the place where frequency of reported use was lowest. The 7th graders generally reported that the place of most frequent use was their homes. By the 9th grade, friends' homes and parties became the places of most frequent use. At the 11th grade, use of these substances in cars became frequently reported.

Alcohol products were seen as easy to obtain by a large majority of all persons surveyed. Alcohol was not perceived as substantially more difficult to obtain than tobacco products. The majority of persons reported not knowing how difficult most illicit substances are to obtain.

Those who reported later curfews (or no curfew) were more likely to report higher levels of substance use. The relationship between curfew and substance use was comparable for weeknight (Sunday-Thursday) and weekend (Friday-Saturday) curfews.

Reported grades in school were strongly related to reported drinking of beer. Less drinking was reported by those who reported making higher grades. The same relationship was true for the other substances analyzed.

Some significant patterns emerged when reported drug use was related to the degree of participation in various activities. Greater degrees of reported involvement in school, church, and family activities were associated with lower levels of reported drug use. Generally, students who reported low levels of family supervision and involvement and who reported little or no participation in extracurricular activities showed disproportionately high levels of reported drug use.

(SEE FIGURE 2)

(SEE FIGURE 3)

(SEE FIGURE 4)

For further information regarding the Alabama Drug Prevalence Survey, contact:

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Dept. of Counseling & Counseling Psychology
Haley Center 2014
Auburn University, AL 36849

Drug Abuse: Strategic Teams for Rural Intervention, Prevention and Education (STRIPE)

STRIPE was designed to develop a demonstration training model for use by specifically designated drug education and prevention teams in the 12 school districts which comprise the East Alabama Education Consortium. The districts enroll approximately 46,000 students with almost equal numbers of white and black students. Eight districts were entirely rural; four included small cities ranging from 15,000 to 30,000 in population. The Consortium is a long-term cooperative arrangement among the systems and Auburn University for providing in-service and pre-service educational experiences and resources.

The program used a multi-disciplinary approach to train teams of community and school leaders from each of the 12 school districts. They, in turn, were to take prepared materials back to their respective communities to use in prevention and intervention efforts. All training materials were modular and portable. The program could thus serve as a model for use by any number of schools in rural areas in Alabama and other states.

STRIPE was developed by faculty and graduate students in five departments of the College of Education and the School of Pharmacy at Auburn University. Funding was provided by a grant of $189,000 from the United States Department of Education Drug—Free schools and Communities Program.

Features of STRIPE:

* Creation of school-community teams consisting of teachers, health coordinators, coaches, administrators, counselors, law enforcement and judicial personnel, health professionals, and parents

* Needs assessment
  - Statewide and district-specific data from Drug Prevalence Survey
  - Data from police, courts, and health care agencies
  - Data from school personnel
  - Determination of current drug prevention/education/remediation programs in communities

* Material and Media Development
  - Primer on Substances of Abuse
  - Interactive video
  - Scenario and trigger tapes to teach decision-making and peer-pressure reversal skills
  - Video materials for coaches
  - Slides and video materials to teach critical thinking skills

* Crisis Intervention Model
  - Crisis prevention
  - Relationship between stresses of adolescence and drug use
  - Helping adolescents and adults manage conflicts
  - Problem-solving and decision-making skills

* Team Training Workshop
  - Intensive 3-day workshop
  - Large and small group meetings
  - Consultation with teams by project staff
  - Development of prevention/intervention peers by teams
  - Presentations by teams

* Evaluation and Follow-up
  - Review of procedures by expert outside evaluators
  - Workshop participant ratings of knowledge pre- and post-workshop
  - Field monitoring of prevention/intervention plans by project staff
  - Continued consultation with school system teams

Refusal Skills

After the adolescent has developed good decision making skills, he/she must be provided with skills to refuse behavior that is not in their best interest. The adolescent's largest opponent in using refusal skills is his peer. Peer pressure is the number one obstacle for adolescents. It is not easy to say no to people who: you have fun with, want to be accepted by, who can alienate you in an instant, who when you are without them you feel alone. One of the most effective ways of counteracting peer pressure is to firmly say no. How the adolescent says no will determine the effectiveness of this strategy.

Many times adolescents attempt to escape peer pressure by making excuses. This is not always an effective strategy. Often times the adolescent finds that he had not successfully convinced his/her peers that he does not want to engage in high risk behavior. If the excuses lack conviction then they can easily be talked around. The adolescent may find him/herself backed into a position of either going with the crowd or losing the respect of their peers if the excuse is flimsy or disapproved by peers.

The adolescent must be taught to know what he wants and feel confident in stating what he/she will or will not do. They must be taught to be assertive when refusing to engage in behaviors that may have negative consequences. They should be taught to take a firm position and state the reason or reasons they wish to not participate in a certain activity. Also, he/she must learn to stand on what they believe is right for them and be mindful of the risks to friendships involved. They can acknowledge the feelings of their friends and respect the positions their peers are taking, but they must stand up for their rights and engage in only those behaviors that they feel are in their own best interest.

Some important points to be emphasized when teaching youth to say no are:

- SAY NO AND KEEP REPEATING IT
- REFUSE TO DISCUSS THE MATTER ANY FURTHER
- DO NOT BE INTIMIDATED BY VAGUE THREATS
- DO NOT ALLOW YOURSELF TO BE MADE TO FEEL GUILTY
- ACCEPT A WORKABLE COMPROMISE

If the pressure is too great, and continues to persist, recruit a friend. When an adolescent can solicit the help of a friend and gain support, then the decision becomes easier. If the adolescent cannot find someone else to agree with his/her position, they have shown strength by asking for other opinions. The adolescent can turn to someone else in the group and ask:

- DO YOU AGREE WITH THEM?
- DO YOU THINK I SHOULD TRY IT?

- WHAT DO YOU THINK I SHOULD DO?
- DO YOU THINK THEY ARE RIGHT?
- ARE YOU GOING TO SMOKE/DRINK?

The skills and points emphasized in this section are supplemented with exercises in the next section. These skills cannot be learned by dissemination alone. Adolescents need to practice these skills and receive feedback on their performance for these skills to be internalized.

Illustrative Components of Drug Prevention/Intervention Projects Created by School System Teams

- Identification of high-risk students and provision of after-school tutorial and enrichment activities
- Creation of a central coordinating committee to coordinate programs throughout the county
- Implementation of a student assistance program
- Parent workshops focusing on parenting skills, communication about drugs and AIDS, and stress reduction
- Rental/Purchase of interactive video materials
- Production of video vignettes and trigger tapes with actors and situations specific to the local environment
- Mock reenactment of DUI arrest of teenagers
- Town meetings focusing on problems of teenagers
- Creation or revision of school drug and alcohol policies
- Coordination between a school system and a local university regarding alcohol at fraternity parties and access to those parties by school system students

For further information concerning materials developed as part of the STRIPE project, contact:

Dr. Mark E. Meadows
College of Education
Haley Center
Auburn University, AL 36849

ALABAMA DRUG PREVALENCE SURVEY

Alabama Department of Education

1. SYSTEM
2. SCHOOL
3. GRADE
4. AGE

5. SEX
- Female
- Male

6. RACE
- Black
- White
- Hispanic
- Other
- Oriental

7. I LIVE WITH:
- Both parents
- One parent
- Other relative
- Others

8. THE HIGHEST EDUCATIONAL LEVEL COMPLETED BY MY PARENTS IS:

	Father	Mother
Elementary School	○	○
Junior High School	○	○
High School	○	○
Vocational–Technical School	○	○
Some College	○	○
College degree	○	○

9. MY GRADES IN SCHOOL ARE MOSTLY:
- D's & F's
- B's & C's
- D's
- B's
- C's & D's
- A's & B's
- C's
- A's

10. I AM INVOLVED IN THE FOLLOWING:

	Very much	Somewhat	A little	Not at all
1. Team athletics (like football, track, others)	○	○	○	○
2. School activities (like band, newspaper, clubs)	○	○	○	○
3. Church (like choir, youth groups)	○	○	○	○
4. Activities with family (like chores, shopping, vacations)	○	○	○	○
5. Work or job (like paper route, babysitting)	○	○	○	○
6. Other activities (like scouts, recreation programs)	○	○	○	○

11. THE TIME I HAVE TO BE HOME AT NIGHT IS USUALLY:

Weeknights (Sunday–Thursday)		Weekends (Friday, Saturday)
○	Earlier than 6:00 p.m.	○
○	6:00 p.m. to 8:00 p.m.	○
○	8:00 p.m. to 10:00 p.m.	○
○	10:00 p.m. to midnight	○
○	Later than midnight	○
○	I have no time limit	○

12. I THINK ABOUT THIS MANY PEOPLE IN MY GRADE SMOKE, DRINK, TAKE OR USE: (Fill in only one circle for each drug)

	None	Very few (less than 5)	A few (5 to 15)	Many (15–30)	Very many (more than 30)
1. Beer	○	○	○	○	○
2. Cigarettes (or cigars)	○	○	○	○	○
3. Cocaine (coke, crack)	○	○	○	○	○
4. Downers (tranquilizers, ludes, etc.)	○	○	○	○	○
5. Hallucinogens (LSD, acid, PCP, etc.)	○	○	○	○	○
6. Hard liquor (whiskey, vodka, mixed drinks, etc.)	○	○	○	○	○
7. Heroin (smack, horse, etc.)	○	○	○	○	○
8. Inhalants (glue, gasoline, paint thinner, etc.)	○	○	○	○	○
9. Marijuana (grass, weed, pot, hash)	○	○	○	○	○
10. Smokeless tobacco (snuff, chewing tobacco)	○	○	○	○	○
11. Steroids (for body building or sports)	○	○	○	○	○
12. Uppers (dex, speed, pep pills, diet pills, etc.)	○	○	○	○	○
13. Wine	○	○	○	○	○
14. Wine coolers	○	○	○	○	○

13. I THINK ABOUT THIS MANY PEOPLE I KNOW AT SCHOOL OR AWAY FROM SCHOOL SMOKE, DRINK, TAKE OR USE: (Fill in only one circle for each drug)

	None	Very few (less than 5)	A few (5 to 15)	Many (15–30)	Very many (more than 30)
1. Beer	○	○	○	○	○
2. Cigarettes (or cigars)	○	○	○	○	○
3. Cocaine (coke, crack)	○	○	○	○	○
4. Downers (tranquilizers, ludes, etc.)	○	○	○	○	○
5. Hallucinogens (LSD, acid, PCP, etc.)	○	○	○	○	○
6. Hard liquor (whiskey, vodka, mixed drinks, etc.)	○	○	○	○	○
7. Heroin (smack, horse, etc.)	○	○	○	○	○
8. Inhalants (glue, gasoline, paint thinner, etc.)	○	○	○	○	○
9. Marijuana (grass, weed, pot, hash)	○	○	○	○	○
10. Smokeless tobacco (snuff, chewing tobacco)	○	○	○	○	○
11. Steroids (for body building or sports)	○	○	○	○	○
12. Uppers (dex, speed, pep pills, diet pills, etc.)	○	○	○	○	○
13. Wine	○	○	○	○	○
14. Wine coolers	○	○	○	○	○

PLEASE TURN PAGE OVER FOR NEXT QUESTION

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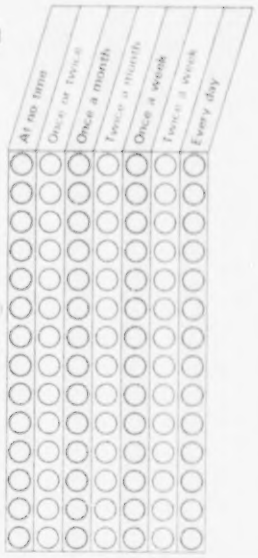
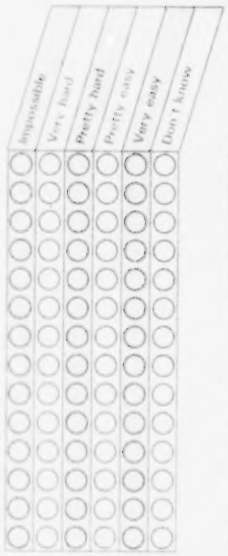
14. IN THE PAST THREE MONTHS, I HAVE SMOKED, DRUNK, TAKEN OR USED: (Fill in only one circle for each drug)



1. Beer
2. Cigarettes (or cigars)
3. Cocaine (coke, crack)
4. Downers (tranquilizers, ludes, etc.)
5. Hallucinogens (LSD, acid, PCP, etc.)
6. Hard liquor (whiskey, vodka, mixed drinks, etc.)
7. Heroin (smack, horse, etc.)
8. Inhalants (glue, gasoline, paint thinner, etc.)
9. Marijuana (grass, weed, pot, hash)
10. Smokeless tobacco (snuff, chewing tobacco)
11. Steroids (for body building or sports)
12. Uppers (dex, speed, pep pills, diet pills, etc.)
13. Wine
14. Wine coolers

15. HOW HARD IS IT TO GET: (Fill in only one circle for each drug)

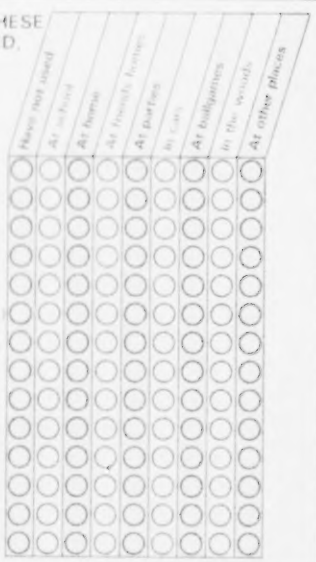


1. Beer
2. Cigarettes (or cigars)
3. Cocaine (coke, crack)
4. Downers (tranquilizers, ludes, etc.)
5. Hallucinogens (LSD, acid, PCP, etc.)
6. Hard liquor (whiskey, vodka, mixed drinks, etc.)
7. Heroin (smack, horse, etc.)
8. Inhalants (glue, gasoline, paint thinner, etc.)
9. Marijuana (grass, weed, pot, hash)
10. Smokeless tobacco (snuff, chewing tobacco)
11. Steroids (for body building or sports)
12. Uppers (dex, speed, pep pills, diet pills, etc.)
13. Wine
14. Wine coolers

16. I WAS ABOUT THIS OLD WHEN I FIRST BEGAN TO SMOKE, DRINK, TAKE OR USE: (Fill in only one circle for each drug)

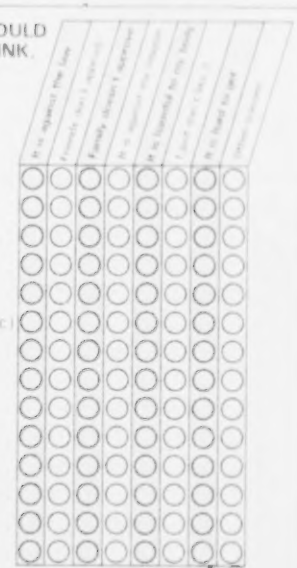
1. Beer
2. Cigarettes (or cigars)
3. Cocaine (coke, crack)
4. Downers (tranquilizers, ludes, etc.)
5. Hallucinogens (LSD, acid, PCP, etc.)
6. Hard liquor (whiskey, vodka, mixed drinks, etc.)
7. Heroin (smack, horse, etc.)
8. Inhalants (glue, gasoline, paint thinner, etc.)
9. Marijuana (grass, weed, pot, hash)
10. Smokeless tobacco (snuff, chewing tobacco)
11. Steroids (for body building or sports)
12. Uppers (dex, speed, pep pills, diet pills, etc.)
13. Wine
14. Wine coolers

17. IN THE PAST THREE MONTHS, THESE ARE THE PLACES I HAVE SMOKED, DRUNK, TAKEN OR USED: (You may fill in more than one circle)



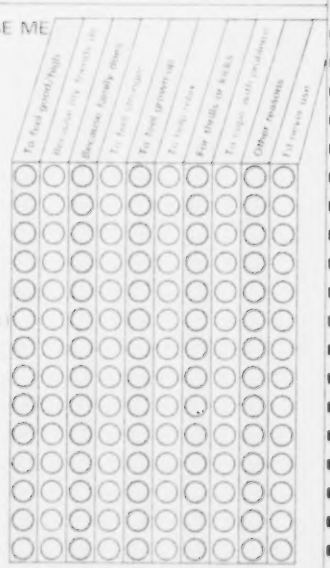
1. Beer
2. Cigarettes (or cigars)
3. Cocaine (coke, crack)
4. Downers (tranquilizers, ludes, etc.)
5. Hallucinogens (LSD, acid, PCP, etc.)
6. Hard liquor (whiskey, vodka, mixed drinks, etc.)
7. Heroin (smack, horse, etc.)
8. Inhalants (glue, gasoline, paint thinner, etc.)
9. Marijuana (grass, weed, pot, hash)
10. Smokeless tobacco (snuff, chewing tobacco)
11. Steroids (for body building or sports)
12. Uppers (dex, speed, pep pills, diet pills, etc.)
13. Wine
14. Wine coolers

18. WHICH OF THESE REASONS WOULD CAUSE ME NOT TO SMOKE, DRINK, TAKE OR USE: (You may fill in more than one circle)


It is against the law
I might get caught
Family doesn't approve
It is against my values
It is harmful to my body
I don't like it
It is hard to get
Other reasons

1. Beer
2. Cigarettes (or cigars)
3. Cocaine (coke, crack)
4. Downers (tranquilizers, ludes, etc.)
5. Hallucinogens (LSD, acid, PCP, etc.)
6. Hard liquor (whiskey, vodka, mixed drinks, etc.)
7. Heroin (smack, horse, etc.)
8. Inhalants (glue, gasoline, paint thinner, etc.)
9. Marijuana (grass, weed, pot, hash)
10. Smokeless tobacco (snuff, chewing tobacco)
11. Steroids (for body building or sports)
12. Uppers (dex, speed, pep pills, diet pills, etc.)
13. Wine
14. Wine coolers

19. WHICH OF THESE WOULD CAUSE ME TO SMOKE, DRINK, TAKE OR USE: (You may fill in more than one circle)



1. Beer
2. Cigarettes (or cigars)
3. Cocaine (coke, crack)
4. Downers (tranquilizers, ludes, etc.)
5. Hallucinogens (LSD, acid, PCP, etc.)
6. Hard liquor (whiskey, vodka, mixed drinks, etc.)
7. Heroin (smack, horse, etc.)
8. Inhalants (glue, gasoline, paint thinner, etc.)
9. Marijuana (grass, weed, pot, hash)
10. Smokeless tobacco (snuff, chewing tobacco)
11. Steroids (for body building or sports)
12. Uppers (dex, speed, pep pills, diet pills, etc.)
13. Wine
14. Wine coolers

FIG. 1

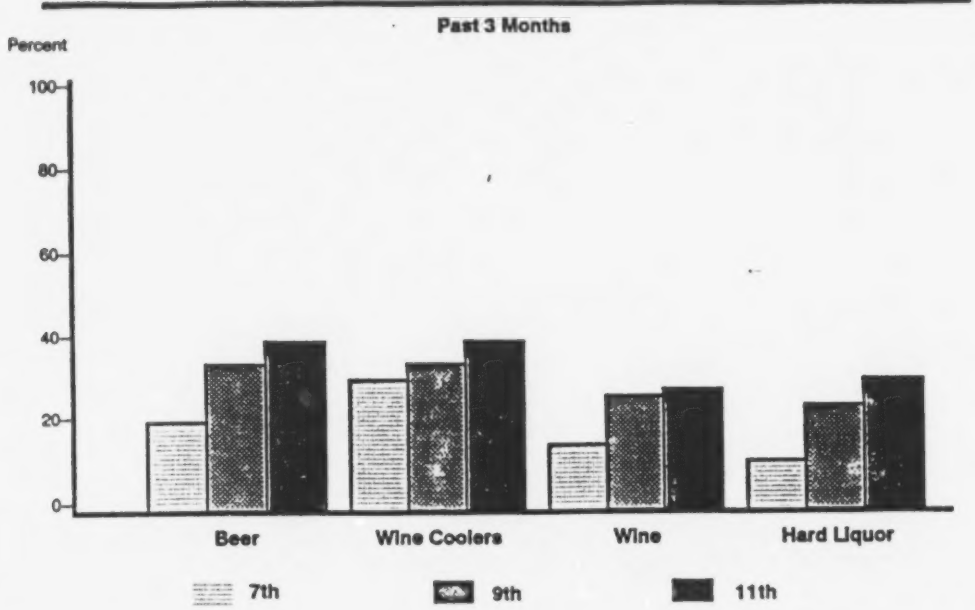

Current Drinking of Alcohol By Grade
Past 3 Months
Percent
100
80
60
40
20
0
Beer
Wine Coolers
Wine
Hard Liquor
7th
9th
11th

FIG. 2

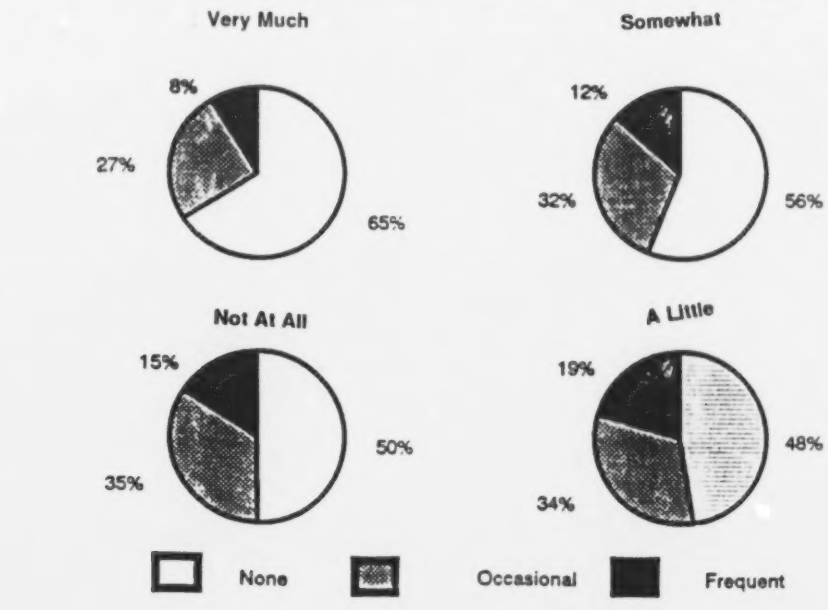

Current Beer Use by School Activities
Very Much
8%
27%
65%
Somewhat
12%
32%
56%
Not At All
15%
35%
50%
A Little
19%
34%
48%
None
Occasional
Frequent

FIG. 3

Current Beer Use by Team Athletics

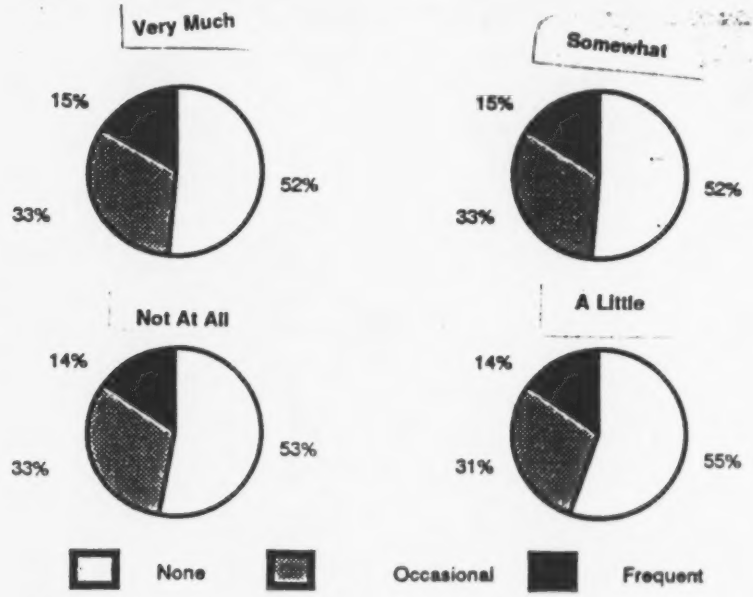


FIG. 4

Current Beer Use by Weekend Curfew